

|                                                                                                                                                        |                  |                                                                            |        |                                                     |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------|--------|-----------------------------------------------------|---------|------------------|--|
| No. <b>W 41143</b>                                                                                                                                     |                  | <b>Due no later than Jul 31, 2014</b>                                      |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>  |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b>                                                  |        | NANCY E JOHANSEN<br>101 N 2ND ST<br>MULLAN ID 83846 |         |                  |  |
|                                                                                                                                                        |                  | <b>1. Mailing Address: Correct in this box if needed.</b>                  |        | 3. <u>New</u> Registered Agent Signature:*          |         |                  |  |
|                                                                                                                                                        |                  | JOHANSEN TEXTILES, LLC<br>NANCY E JOHANSEN<br>PO BOX 14<br>MULLAN ID 83846 |        |                                                     |         |                  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                  |                                                                            |        |                                                     |         |                  |  |
| Office Held                                                                                                                                            | Name             | Street or PO Address                                                       | City   | State                                               | Country | Postal Code      |  |
| MANAGER                                                                                                                                                | NANCY E JOHANSEN | PO BOX 14                                                                  | MULLEN | ID                                                  | USA     | 83846            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                          |        |                                                     |         |                  |  |
| <b>ID<br/>W 41143</b>                                                                                                                                  |                  | Signature: Nancy Johansen                                                  |        |                                                     |         | Date: 06/15/2014 |  |
|                                                                                                                                                        |                  | Name (type or print): Nancy Johansen                                       |        |                                                     |         | Title: Manager   |  |
| Processed 06/15/2014                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.  |        |                                                     |         |                  |  |